



2014 WIC FMNP BANKING INFORMATION FORM



Send completed form to:
State of Alaska Department of Health & Social Services
Division of Public Assistance
Nutrition Services – WIC
PO Box 110612
Juneau, Alaska 99811-0612

Please send the information requested below with your WIC FMNP Application and Agreement.
This information should be mailed with your application in the envelope provided.

WIC Farmer Number (listed on FMNP Agreement): ____ ____ ____ ____

Farmer Name: _____

Bank Information

Bank Name & Branch: _____

Bank Routing Number: ____ ____ ____ ____ ____ ____ ____ ____ ____ (9 digits)

Bank Account Number: _____

Your Contact Information for Receiving Bank Transaction Reports

Contact Person: _____ Title: _____

Contact Phone Number: (____ ____ ____) ____ ____ ____ - ____ ____ ____

Contact / Farm Email Address: _____ @ _____. _____

Mailing Address: _____

Physical Address: _____

Authorized Signature: _____ Date: ____ / ____ / ____

Printed Name: _____